

**CIA INTERNAL USE ONLY**  
**SECRET**  
*(When Filled In)*

**PERSONALITY FILE REQUEST**

<b>TO</b> RI/ANALYSIS SECTION		<b>DATE</b> 26 Feb 57	<b>ACTION</b> <input checked="" type="checkbox"/> OPEN <input checked="" type="checkbox"/> AMEND <input type="checkbox"/> CLOSE	
<b>FROM</b> <u>L</u> <u>IR/2</u>		<b>ROOM NO.</b> 1060 J	<b>TELEPHONE</b> 3582	

**INSTRUCTIONS:** Form must be typed or printed in block letters.

**SECTION I:** List 201 number, name and identifying data in the spaces provided. All known aliases and variants (including maiden name, if applicable) must be listed. If the identifying data varies with the alias used, a separate form must be used. Write UNKNOWN for items you are unable to complete.

**SECTION II:** List cryptonym or pseudonym, if assigned. If true name is sensitive, obtain 201 number from 201 Control Desk and complete Section I and Section III. On a separate form, enter the 201 number and complete Section II and Section III. Submit each form separately.

**SECTION III:** To be completed in all cases.

**SECTION I**

<input checked="" type="checkbox"/> SENSITIVE	1. SOURCE DOCUMENT
<input type="checkbox"/> NON-SENSITIVE	

NAME (Last) (Middle) (First) (Title)

**NAME VARIANT**

TYPE NAME 2. (Last) (Middle) (First) (Title)

**RECORD COPY**

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 CENTRAL INTELLIGENCE AGENCY  
 SOURCES/METHODS EXEMPTION 3B2B  
 NAZI WAR CRIMES CLOSURE ACT  
 DATE 2006

<b>PHOTO</b> 4. <input type="checkbox"/> YES <input type="checkbox"/> NO	<b>BIRTH DATE</b> 5. <input type="checkbox"/> D <input type="checkbox"/> M <input type="checkbox"/> Y	<b>COUNTRY OF BIRTH</b> 6.	<b>CITY OR TOWN OF BIRTH</b> 7.	<b>OTHER IDENTIFICATION</b> 8. <input type="checkbox"/> 1. <input type="checkbox"/> 2. <input type="checkbox"/> 3.
<b>OCCUPATION/POSITION</b>				<b>OCC/POS. CODE</b> 9.

**SECTION II**

<b>CRYPTONYM</b> CAMUSO/2	<b>PSEUDONYM</b> OKOLO, Herberts
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**SECTION III**

<b>COUNTRY OF RESIDENCE</b> 10.	<b>ACTION DESK</b> <u>SR/2</u> 11.	<b>2ND COUNTRY INTEREST</b> 12.	<b>3RD COUNTRY INTEREST</b> 12A.
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**COMMENTS:**

<b>PERMANENT CHARGE</b> <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	<b>RESTRICTED FILE</b> <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	<b>SIGNATURE</b> <u>[Signature]</u>
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FORM 10-33  
 1 JUL 53  
**PUNCHED**

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